

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	11173		11-16-01
<b>O.I.P.E. CLASSIFIER</b>			11-28-01
<b>FORMALITY REVIEW</b>	E7	926	11/28/01
<b>RESPONSE FORMALITY REVIEW</b>			11/29/01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	11/29/2001
2	
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	11/29/2001
52	
53	✓
54	✓
55	✓
56	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

SCFT  
11/29/01